Life/AD&D Change

King County
Benefits and Retirement Operations

- Submit this form **within 30 days** of a qualifying event (or sooner) to change your enhanced life/accidental death and dismemberment (AD&D) insurance coverage. To find out what qualifying events allow you to change life/AD&D coverage and its cost, call Benefits and Retirement Operations at 206-684-1556 or refer to your Important Facts booklet and other information posted at www.metrokc.gov/employees/benefits.
- Submit this form with an Add Family Member form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 or fax them to 206-684-1925.

Indicate change to your own enhanced life insurance

Generally, you may add or increase enhanced life for yourself when you marry, establish a new domestic partnership or your child first becomes eligible for coverage; see your Important Facts booklet. BAS = Base annual salary.

	Regular/Full-Time Employees	Part-Time Local 587 Employees	Deputy Sheriffs
☐ Keep my current coverage			
☐ Add/increase it to:	1 x my BAS	$ 25,000	1 x my BAS (minus $6,000)
☐ Add/increase it to:	2 x my BAS	$ 50,000	
☐ Add/increase it to:	3 x my BAS	$ 75,000	
☐ Add/increase it to:	4 x my BAS	$100,000	
	4 x BAS maximum is $400,000		

Indicate new family members you want added for enhanced life insurance

Generally, family members you add for health coverage can be added for enhanced life insurance (if the coverage is available under your plan; see your Important Facts booklet). Provide new family member information on the Add Family Member form, but check applicable boxes below if you want to add family members for enhanced life insurance.

☐ Add new spouse/domestic partner at 50% of my enhanced amount
☐ Add new child for $10,000

Indicate new family members you want added for enhanced AD&D insurance

Generally, family members you add for health coverage can be added for enhanced AD&D insurance (if the coverage is available under your plan and you already have enhanced AD&D for yourself; see your Important Facts booklet). Provide family member information on the Add Family Member, but check applicable boxes below if you want to add family members for enhanced AD&D insurance.

☐ Add new spouse/domestic partner at 100% of my enhanced amount
☐ Add new spouse/domestic partner at 50% of my enhanced amount
☐ Add new child at 10% of my enhanced amount

Authorize your change

I elect enhanced coverage for myself in the categories in which I've requested it for my family members. I understand this request must be received by Benefits and Retirement Operations within 30 days of the event that qualified me to make these changes. I have read and understand the additional materials describing enhanced life and enhanced AD&D insurance for family members, including when coverage begins and evidence of insurability requirements. I authorize King County to deduct the cost of the enhanced coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____   Date signed _____

Printed name _____   Contact phone (_____)_____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday   PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective